

**Department of Intellectual and Developmental Disabilities
Quality Assurance Organizational Review
for
Day, Residential, Personal Assistance & Clinical Services**

Domain 2. Individual Planning and Implementation

Outcome 2A. The person's plan reflects his or her unique needs, expressed preferences and decisions.

| Indicators | Results | Guidance | Comments |
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| *2.A.4. Current and appropriate assessments of the person's abilities, needs and desires for the future are used in developing the plan. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>For all Providers: The provider has a process to ensure completion of the Risk Issues Identification Tool prior to completion of an initial assessment, the annual reassessment or whenever needed to address emerging needs or amend current support and interventions.</p> <p>For Day, Residential, Personal Assistance, Therapy and Behavior Providers: The provider has a process to ensure that required assessments are completed and forwarded to the appropriate provider in a timely manner as required. The entity that writes an ISP has ultimate responsibilities in this area.</p> <p><i>Day-Residential and PA Provider Manual Reference: 3.3.a., 3.4.; 3.5; 3.6.b.; 3.6.c.; 3.7.b.; 3.8; 3.9.; 3.10.c.; 3.11.d.; 3.12.; 3.19.; 10.3.a.; Chapter 11</i></p> <p><i>Clinical Provider Manual Reference: 3.3.a.; 3.5.; 3.7.; 3.9.; 3.11.d.; 3.12.; 8.9.d.; 12.7; 13.8.; 13.9.; 13.10; 13.11; 13.12.; 3.13.;14.2.; 14.3.; 14.5.;15.2.;15.3.</i></p> | |

| Outcome 2B. Services and supports are provided according to the person's plan. | | | |
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| Indicators | Results | Guidance | Comments |
| *2.B.5. Provider documents provision of services and supports in accordance with the plan. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | For all Providers: Provider documentation systems are developed to support the delivery of services. Practices include oversight to ensure staff understand responsibilities for documentation. <i>Provider Manual Reference: 3.17; 6.11; 8.7.a.; 8.9.e.; Chapter 11; 12.9.; 12.10.; 13.14.; 13.15; 15.2; 15.3</i> | |
| Outcome 2D. The person's plan and services are monitored for continued appropriateness and revised as needed. | | | |
| Indicators | Results | Guidance | Comments |
| 2.D.5. The provider has a process for reviewing and monitoring the implementation of the plan and progress toward desired goals. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | For all Providers: The provider has developed an ongoing, systematic review process that promotes identification, tracking and coordination of activities related to implementation of each person's plan and any needed follow-up activities. For Clinical Providers: The provider has a process to prepare a review of progress and an updated justification for services at the time of the annual ISP review. <i>Day-Residential and PA Provider Manual Reference: 3.10.f.; 3.15.; 3.17.; 3.18.; 3.19.; 6.5.13); 6.6.f.; 10.6.c.; Chapter 11</i> <i>Clinical Provider Manual Reference: 3.10.f.; 3.15.; 3.17.; 3.18.a.,b.; 8.9.f.; 12.10.; 13.12.; 13.14.; 13.15.; 14.5.; 15.2.; 15.3.</i> | |
| *2.D.6. Provider documentation indicates appropriate monitoring of the plan's implementation. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | For all Providers: Providers utilize resolution processes if needed to ensure supports and services are provided in accordance with the ISP. The provider agency ensures that systems developed to verify service delivery are effective. | |

| | | <p>Actions are taken to address problems in service delivery.</p> <p><i>Day-Residential and PA Provider Manual Reference: 3.17.; 3.18.; 6.6.c.; 6.6.f.1,,2); 10.6.</i></p> <p><i>Clinical Provider Manual Reference: 3.17; 3.18; 8.9.f.; 8.9.g</i></p> | |
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| Domain 3. Safety and Security | | | |
| Outcome 3A: Where the person lives and works is safe. | | | |
| Indicators | Results | Guidance | Comments |
| *3.A.3. Provider responds to emergencies in a timely manner. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>For Day, Residential and Personal Assistance Providers:</p> <p>The provider develops safety and emergency procedures that address, for all times when the service is delivered:</p> <ol style="list-style-type: none"> 1. Emergency care for people receiving services including emergency transportation, emergency medical care and staff coverage during the event; 2. fire evacuation and natural disaster emergencies; and 3. provider facilities, services provided and needed safety equipment present at a site. <p>The provider ensures education and training occurs to support the person and their staff to know what to do (or how he or she will be supported) in the event of a fire, tornado or other emergency situations.</p> <p><i>Day-Residential and PA Provider Manual Reference: 6.5.4.; 6.5.7.; 7.1.; 9.8.; 10.4.d.; Chapter 11</i></p> | |
| *3.A.5. Providers assess and reassess the home and work environment regarding personal safety and environmental safety issues. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>For Day, Residential and Personal Assistance Providers:</p> <p>The provider's supervision plan or other oversight process is utilized to routinely monitor home and</p> | |

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| | | <p>work/day environments where people receive supports and services to identify issues that could negatively impact people's safety.</p> <p>The provider has procedures for staff to report any environmental or person specific safety needs that have been identified.</p> <p>For Day Providers: The provider routinely assesses whether the person feels safe and secure in all of his/her environments.</p> <p>For Family Model Residential Living Providers: Prior to placement of a service recipient in a family model residential home, the provider must complete a DIDD-compliant home study and the DIDD Family Model Residential Supports Initial Site Survey to ensure that the home meets the service recipient's needs and that the family and service recipient are compatible and well matched.</p> <p>The DIDD Family Model Residential Supports Monitoring Tool is completed on an annual basis.</p> <p>For Personal Assistance Providers: Prior to initiation of personal assistance services that will be rendered in a private home, the agency will conduct an inspection of the home to ensure that the service recipient's health, safety and welfare can be maintained while receiving services within the designated environment. The inspection will be conducted utilizing the Personal Assistance Environmental Checklist.</p> <p>The results of the inspection will be shared with the service recipient and family. Support coordinators / case managers and personal assistance providers will work with the family to assist in the resolution of issues identified and the identification of resources to assist in making repairs or purchasing necessary items required to ensure that the home meets safety standards.</p> | |
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| | | <i>Day-Residential and PA Provider Manual Reference: 6.5.8.; 6.6.f.; 9.3.d.; 16.3.d.</i> | |
| *3.A.6. Providers resolve safety issues in a timely manner. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | For Day, Residential and Personal Assistance Providers: Providers have a process to ensure that safety issues are addressed and resolved. Information obtained from these activities is reviewed as a part of the agency's self assessment process. For Clinical providers: The clinical provider has a process for reporting any obvious safety issues identified while providing services to an individual (such as a questionable amount of food, broken air conditioning in the summer, etc.). <i>Day-Residential and PA Provider Manual Reference: 6.5.8); 6.6.c.</i> <i>Day-Residential, PA and Clinical Provider Manual Reference: 19.11.a.1.</i> | |
| *3.A.7. Providers use a system of inspection and maintenance of vehicles used for transport. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | For Day, Residential and Personal Assistance Providers: The provider ensures the routine inspection of all agency owned vehicles and the review of personally (employee) owned vehicles used for transportation, including adaptive equipment used in the vehicles, and develops actions to address any identified concerns. <i>Day-Residential and PA Provider Manual Reference: 6.3.a.4); 16.5.b.; Provider Agreement A.14.</i> | |
| Outcome 3B. The person has a sanitary and comfortable living arrangement. | | | |
| Indicators | Results | Guidance | Comments |
| *3.B.2. The provider implements an ongoing monitoring process to assure that the person is in a sanitary and | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> | For Day and Residential Providers: The provider agency supervision plan or other oversight process is utilized to routinely monitor | |

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| comfortable living environment. | IJ <input type="checkbox"/> | <p>the maintenance of a sanitary and comfortable living environment and/or program site. Provider staff take actions to communicate and rectify any individual and/or systemic issues or problems identified.</p> <p><i>Day-Residential Provider Manual Reference: 6.6.f.; 6.5.8.; 19.11.a.</i></p> | |
| Outcome 3C. Safeguards are in place to protect the person from harm. | | | |
| Indicators | Results | Guidance | Comments |
| *3.C.4. The provider has developed and implemented protection from harm policies and procedures. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>For all Providers:</p> <p>The provider develops written protection from harm policies and procedures that are consistent with the DIDD Provider Manual and address the specific services provided.</p> <p>The provider's protection from harm policies guide all administrative staffing actions during the investigative process for all allegations of abuse, neglect or exploitation.</p> <p>Procedures include:</p> <ol style="list-style-type: none"> 1. A reportable incident form is filed for every incident that is witnessed or discovered; and 2. Completed reportable incident forms are stored securely and confidentially in an area separate from the person's record. <p>For Day, Residential and Personal Assistance Providers:</p> <p>Procedures include:</p> <ol style="list-style-type: none"> 1. A staff person has been designated as Incident Management Coordinator and has received training approved by DIDD. <p><i>Day-Residential, PA and Clinical Provider Manual Reference: 6.5.11.; 8.2.c.; 18.4.</i></p> | |
| *3.C.5. Provider staff are knowledgeable about the protection from harm policies and procedures. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>For Clinical providers:</p> <p>The clinical provider has a process that ensures staff know how to access the State Investigator contact number and are knowledgeable about</p> | |

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| | | <p>how to identify and report instances of suspected abuse, neglect or exploitation.</p> <p><i>Clinical Provider Manual Reference: 6.5.11.; 18.2.; 18.4.</i></p> | |
| <p>*3.C.6. Potential employees are screened to ensure that known abusers are not hired.</p> | <p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p> | <p>For all Providers:</p> <p>Provider personnel records reflect that the provider has checked applicable registries prior to hiring employees, subcontracting or utilizing volunteers. The organization is responsible for consulting the Abuse Registry, the Tennessee Sexual Offender Registry, and the TN Felony Offender List.</p> <p>No individual listed on the Abuse Registry, the Tennessee Sexual Offender Registry, or the TN Felony Offender List is allowed to volunteer or to be employed to provide direct support to individuals receiving services.</p> <p>The provider has completed background checks on all staff hired in accordance with DIDD requirements.</p> <p>The provider does not employ, retain, hire or contract with any individuals, as staff or volunteers, who meet the definition of prohibited staff in the DIDD Provider Agreement.</p> <p>Provider personnel records reflect that employment applications were complete for all applicants hired and contain reference to their involvement in any case of substantiated abuse, neglect or exploitation (mistreatment), as per the current DIDD Provider Agreement.</p> <p>All employees, personnel of the provider's subcontractors and/or volunteers have in their personnel files a signed statement regarding their involvement in any case of substantiated abuse, neglect or exploitation (mistreatment), as per the current DIDD Provider Agreement.</p> <p><i>Day-Residential, PA and Clinical Provider Manual</i></p> | |

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| | | <i>Reference: 5.5.a.; 5.5.c.; 6.3.b.; 6.3.c.; 6.3.d.; 6.3.g.; 8.14.a.; Provider Agreement A.11.</i> | |
| 3.C.9. The provider records all complaints, takes action to appropriately resolve the complaints presented, and documents complaint resolution achieved. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | For all Providers: There is evidence that the provider has established a Complaint Resolution System which includes, but is not limited to: <ol style="list-style-type: none"> 1. Designation of a staff member as the complaint contact person; 2. Maintenance of a complaint log, and 3. Documentation / trending of complaint activity. The provider's policies for addressing questions and concerns are in place and include a process for outside review if indicated. The provider's documentation indicates responsiveness to questions and concerns. <i>Day-Residential, PA and Clinical Provider Manual</i> <i>Reference: 2.10.a-b; 2.11.a-b; 6.4.; 18.1.</i> | |
| *3.C.10. The provider reports incidents as required by DIDD, including following timeframes and directing the report to the appropriate party. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | For all Providers: The provider complies with protection from harm reporting as required by State law, DIDD requirements and any applicable court orders. Deaths are reported according to the DIDD Provider Manual. Emergency or programmatic use of manual restraint, mechanical restraint, or protective equipment is a reportable incident. <i>Day-Residential, PA and Clinical Provider Manual</i> <i>Reference: 18.2.a., b.</i> | |
| *3.C.11. The provider reviews all DIDD investigations and develops and implements planned corrective or preventive action. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | For Day, Residential and Personal Assistance Providers: IRC minutes reflect review of investigation recommendations. For all Providers: The provider tracks all actions regarding substantiated investigations until resolution is | |

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| | | <p>achieved (the provider tracks only investigations applicable to them) per requirements in the DIDD provider manual.</p> <p>The provider sends the DIDD Summary of Investigation Report to the support coordination provider/case manager for all persons involved in the incident.</p> <p>The provider notifies or documents attempts to notify alleged perpetrator(s) of the outcome of the investigation.</p> <p>Within five (5) business days of receipt of the DIDD Summary of Investigation Report, the provider conducts a discussion of the investigation with the person(s) involved and legal representative, if applicable.</p> <p><i>Day-Residential, PA and Clinical Provider Manual Reference: 18.2.c.; 18.3.d., f., g.</i></p> | |
| *3.C.12. The provider reviews incidents of staff misconduct in accordance with approved guidelines and resolves them in a timely manner. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>For all Providers:</p> <p>The provider has effective procedures for reviewing and addressing incidents of staff misconduct.</p> <p><i>Day-Residential, PA and Clinical Provider Manual Reference: 18.2.</i></p> | |
| 3.C.14. The provider analyzes trends in medication variances and implements prevention strategies. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>For Day, Residential and Personal Assistance Providers:</p> <p>The agency has policies and procedures for tracking and trending medication variance/omissions incidents to analyze trends and implement prevention strategies. The provider compiles medication trend reports monthly and submits these to the Regional Nursing Director.</p> <p>As a part of their self-assessment process, the provider agency conducts routine reviews of medication administration variances and develops actions to address any systemic concerns.</p> | |

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| | | <p>As a result of these reviews, the provider assures that medication variances are monitored to ensure appropriate reporting, recommendations are reviewed as necessary, corrective actions and recommendations are implemented, information is provided to Support Coordinators / Case Managers for risk assessments, and trends are identified.</p> <p>For Nursing Providers: The agency has policies and procedures for tracking and trending medication variance/omissions incidents to analyze trends and implement prevention strategies. The provider compiles medication trend reports monthly and submits these to the Regional Nursing Director.</p> <p><i>Day-Residential and PA Provider Manual Reference: 6.6.c.; Chapter 11</i></p> | |
| *3.C.15. Providers review reportable incidents to determine trends and develop and implement prevention and corrective strategies. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>For Day, Residential and Personal Assistance Providers: The agency Incident Review Committee (IRC) meets at least every other week (or as approved annually by DIDD).</p> <p>The Incident Management Coordinator is responsible for maintaining minutes of the meetings of the Incident Review Committee. The minutes must include names of those in attendance (whether in person, by phone, etc.) and documentation of the committee's discussion, recommendations and actions.</p> <p>IRC minutes reflect the committee performs the following functions:</p> <ol style="list-style-type: none"> 1. Monitoring to ensure appropriate reporting of incidents; 2. reviewing and providing recommendations as necessary regarding provider incident reports, DIDD completed investigation reports and provider incident reviews, including staff misconduct incidents; 3. ensuring implementation of corrective | |

| | | <p>actions and recommendations pertaining to Reportable Incidents;</p> <p>4. identifying trends regarding reportable incidents; and</p> <p>5. identifying individual risk issues for prevention of harm.</p> <p>The provider implements procedures for the completion of an annual written analysis of the trends and patterns related to Reportable Incidents, including substantiated reports of abuse, neglect and exploitation.</p> <p>Corrective actions are developed and implemented for all trends identified.</p> <p>The agency has an effective process for evaluation of the accountability of its incident reporting.</p> <p><i>Day-Residential and PA Provider Manual Reference: 18.2.c.4., 6.</i></p> | |
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| Domain 4. Rights, Respect and Dignity | | | |
| Outcome 4A. The person is valued, respected and treated with dignity. | | | |
| Indicators | Results | Guidance | Comments |
| 4.A.4. Provider policies and procedures promote treatment of people with respect and dignity. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>For all Providers:</p> <p>The provider's mission statement, policies and procedures, and other applicable training and management systems promote treatment of people with respect and dignity and are consistent with DIDD Provider manual.</p> <p>Provider policies and training systems promote a positive support model rather than a caretaker model.</p> <p>For Day, Residential and Personal Assistance Providers:</p> <p>Staff receive education / training about the use of person-centered language and supports that</p> | |

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| | | <p>promote respect and dignity (examples might include: orientation training, ongoing in-service training, incident management system, supervision plan, etc.).</p> <p>Through the implementation of various policies and procedures, the provider agency routinely monitors to determine if persons receiving services are treated with dignity, respect and fairness; are listened to, responded to and treated as adults (if an adult).</p> <p>All evidence indicates that persons are treated in a respectful, dignified manner with appropriate verbal references.</p> <p>Observation in homes, offices and work or day centers operated by the provider indicates that persons are treated appropriately.</p> <p>For Clinical Providers: The agency implements a process for reviewing documentation and any other written work products over an initial period for new employees to ensure that written products use person first, respectful language. When issues are identified, there is evidence of follow-up with additional training.</p> <p>Appointments made with the person by provider staff are kept and on-time, as arranged or documentation addresses why appointments were not kept.</p> <p>Services and supports are consistently implemented in accordance with the person's current preferred lifestyle and related needs, and in a manner to increase personal independence, productivity, integration and inclusion.</p> <p>Personal information is maintained in a confidential manner.</p> <p><i>Day-Residential and PA Provider Manual</i></p> | |
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| | | <i>Reference: 2.4.; 2.6.; 2.6.a.; 2.6.b.; 6.5.1) - 3); 6.6.c. - f.</i> <i>Clinical Provider Manual Reference: 2.2.; 2.4.; 2.6.a. - b.; 6.5.1) -3); 6.6.c.</i> | |
| Outcome 4C. The person exercises his or her rights. | | | |
| Indicators | Results | Guidance | Comments |
| *4.C.3. The person is encouraged to exercise personal control and choice related to his or her own possessions. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | For Day and Residential Providers: The provider is pro-active in establishing procedures and supervisory practices to ensure the safekeeping and good condition of a person's personal property including clothing. <i>Day-Residential Provider Manual Reference: 2.4.a.10); 6.10.f.10)</i> | |
| 4.C.11. The provider supports people to exercise their rights (e.g., voting). | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | For Day, Residential and Personal Assistance Providers: The provider's policies ensure that the person is supported to exercise the same rights as all other citizens (freedom of speech, freedom of association, freedom of religion, freedom to vote, equal opportunity, equal protection under the law). <i>Day-Residential Provider Manual Reference: 2.4; 2.6.b.</i> | |
| Outcome 4D. Rights restrictions and restricted interventions are imposed only with due process. | | | |
| Indicators | Results | Guidance | Comments |
| *4.D.3. Rights restrictions and restricted interventions are reviewed and/or approved in accordance with DIDD requirements. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | For all Providers: People's rights are limited only with review and approval by a properly constituted Human Rights Committee. Providers adhere to DIDD requirements regarding the use and documentation of emergency and programmatic use of restraint and protective equipment. The Behavior Support and Human Rights Committees operate according to DIDD | |

| | | <p>requirements.</p> <p>For Behavior Providers: The agency has access to the Regional and/or Statewide Behavior Support and a local or Regional Human Rights Committee for the review and approval of restricted and/or special individualized interventions. These committees determine if rights issues have been addressed. (Indicators: a letter of approval from the Regional Director is on file which indicates that the committee has been approved).</p> <p><i>Day-Residential and PA Provider Manual Reference: 2.22</i></p> <p><i>Clinical Provider Manual Reference: 2.22.; also see Chapter 12</i></p> | |
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| Domain 5. Health | | | |
| Outcome 5A. The person has the best possible health. | | | |
| Indicators | Results | Guidance | Comments |
| *5.A.5. Needed health care services and supports are provided. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>For Day, Residential, Personal Assistance and Nursing Providers: The provider develops / maintains policies and implements practices that achieve outcomes related to health care management and oversight.</p> <p>Providers comply with the DIDD Provider Manual for development and implementation of documentation systems related to health care oversight and communication of health care information.</p> <p><i>Day-Residential and PA Provider Manual Reference: Chapter 11</i></p> | |
| 5.A.6. Health care services and supports are coordinated among providers and family members. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>For Day and Residential Providers: The provider has a pattern of practice in developing positive collaborative relationships with families, ISCs and providers, including</p> | |

| | | <p>outside healthcare providers such as physicians, dentists, therapists, and behavioral/mental health professionals.</p> <p><i>Day-Residential Provider Manual Reference: Chapter 11</i></p> | |
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| Outcome 5B. The person takes medications as prescribed. | | | |
| Indicators | Results | Guidance | Comments |
| 5.B.1. The person's record adequately reflects all the medications taken by the person. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>For Day, Residential, Personal Assistance and Nursing Providers:</p> <p>The provider has a process to ensure people's records contain current physician's orders for each medication (includes prescribed and over the counter).</p> <p>The provider's process ensures that medical practitioners have information about the person's current medications as well as pertinent historical information about any allergies or issues related to specific medications.</p> <p><i>Day-Residential, PA and Nursing Provider Manual Reference: Chapter 11</i></p> | |
| *5.B.2. Needed medications are provided and administered in accordance with physician's orders. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>For Day, Residential and Personal Assistance Providers:</p> <p>If staff is responsible for administering medications, the provider has a process and documentation ensuring medications are available and administered per physician's orders.</p> <p>As a part of the medication administration management policy, the provider agency develops and implements procedures for oversight and reporting of medication variances when staff are responsible for administering medications. The provider agency routinely monitors implementation of these procedures.</p> <p><i>Day-Residential and PA Provider Manual Reference: Chapter 11</i></p> | |

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| <p>*5.B.3. Only appropriately trained staff administer medications.</p> | <p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p> | <p>For Day, Residential and Personal Assistance Providers: The provider agency or program that employs unlicensed personnel has an accepted written policy and procedure demonstrating compliance with DIDD medication administration rules for any employees who administer medications.</p> <p>The provider agency routinely monitors implementation of medication administration procedures and has developed and implemented a process to ensure staff demonstrate competency and compliance with policy when administering medication (Note: If the service is provided by a Home Health Agency, the medications are administered only by licensed personnel).</p> <p>For practices not covered under the DIDD medication administration certification program, the provider develops and implements a policy to cover these practices. This includes how medications are provided for persons under 18 years of age.</p> <p>The provider reviews its medication administration policy annually for continued appropriateness.</p> <p><i>Day-Residential and PA Provider Manual Reference: 6.6.B.4.; Chapter 11</i></p> | |
| <p>*5.B.4. Medication administration records are appropriately maintained.</p> | <p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p> | <p>For Day, Residential and Personal Assistance Providers: As a part of the Medication Administration Management Policy, the provider agency develops and implements procedures for oversight and completion of Medication Administration Records. The provider agency routinely monitors to ensure that physician orders, prescription labels and MARs match.</p> <p><i>Day-Residential and PA Provider Manual Reference: Chapter 11</i></p> | |

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| 5.B.5. Storage of medication ensures appropriate access, security, separation, and environmental conditions. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | For Day, Residential and Personal Assistance Providers: As a part of the Medication Administration Management Policy, the provider agency develops and implements procedures for medication storage and disposal. The provider agency routinely monitors implementation of these procedures. (Note: For PA, procedures relate only to any necessary storage while the person is in transit with the personal assistant.) <i>Day-Residential and PA Provider Manual Reference: Chapter 11</i> | |
| Outcome 5C. The person's dietary and nutritional needs are adequately met. | | | |
| Indicators | Results | Guidance | Comments |
| *5.C.1. The person is supported to have good nutrition. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | For Day and Residential Providers: Procedures are implemented by the provider agency to ensure people served are supported to practice good nutrition. <i>Day-Residential Provider Manual Reference: Chapter 11</i> | |
| *5.C.3. The provider implements an ongoing monitoring process to assure that the person's dietary and nutritional needs are adequately met. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | For Day, Residential and Personal Assistance Providers: The provider agency health care management and oversight plan and/or oversight process is utilized to routinely monitor the provision of appropriate food supplies and implementation of recommended programs and/or plans in accordance with the nutritional needs of the person as noted in the ISP and/ or prescribed for medical or health reasons. Provider staff take actions to communicate and rectify any individual and/ or systemic issues or problems identified. <i>Day-Residential and PA Provider Manual Reference: Chapter 11</i> | |

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| Domain 6. Choice and Decision Making | | | |
| Outcome 6A. The person and family members are involved in decision-making at all levels of the system. | | | |
| Indicators | Results | Guidance | Comments |
| 6.A.3. The person and family members are given the opportunity to participate in the selection and evaluation of their direct support staff. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | For Day, Residential and Personal Assistance Providers: The provider has practices that address how the person and his/her /legal representative may be involved in the selection and evaluation of his/her support staff. <i>Day-Residential and PA Provider Manual Reference: 9.5.c.</i> | |
| 6.A.9. On an ongoing basis, the agency solicits input from people supported and their families/ conservators regarding how agency supports are planned and provided. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | For all Providers: The agency has formal or informal practices that facilitate communication between the agency, person and family/legal representative regarding the organization. Practices may include committees, newsletters, suggestion boxes, planning groups, meetings, focus groups, comment cards, website, etc. <i>Day-Residential, PA and Clinical Provider Manual Reference: 6.6.c.; 19.2.e.</i> | |
| Outcome 6B. The person and family members have information and support to make choices about their lives. | | | |
| Indicators | Results | Guidance | Comments |
| 6.B.5. The provider ensures that the person has information and support to make choices. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | For Day, Residential and Personal Assistance Providers: Provider policies and practices encourage the person to be comfortable expressing choices or opinions and ensure that there is no retaliation for opinions, choices and decisions expressed. <i>Day-Residential and PA Provider Manual Reference: 2.4.a.</i> | |

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| Domain 7. Relationships and Community Membership | | | |
| Outcome 7A. The person has relationships with individuals who are not paid to provide support. | | | |
| Indicators | Results | Guidance | Comments |
| 7.A.3. The provider supports enable the person to have meaningful relationships with individuals who are not paid to provide support. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | For Day and Residential Providers: Provider policy and practices. <i>Day-Residential Provider Manual Reference: 2.4.a.15)</i> | |
| Outcome 7B. The person is an active participant in community life rather than just being present. | | | |
| Indicators | Results | Guidance | Comments |
| 7.B.3. The provider supports the person to be an active participant in community life. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | For Day and Residential Providers: Provider policies and practices support people in having opportunities for membership in community clubs, organizations or groups (formal or informal) of his or her choosing, as desired. <i>Day-Residential Provider Manual Reference: 2.4.a.6)</i> | |
| Domain 8. Opportunities for Work | | | |
| Outcome 8A. The person has a meaningful job in the community. | | | |
| This Outcome applies to people who are working in a setting that provides the same opportunities for integration as other employees [examples may include: employment at a community based workplace including supported employment, self-employment if the person has opportunities for integration related to his or her business, participation as a member of an enclave, certain work for the provider agency (including receptionist, custodian, etc.)] | | | |
| This Outcome is scored NA if the agency does not provide supported employment services. | | | |
| Indicators | Results | Guidance | Comments |
| *8.A.5. The provider ensures that there are supports to promote job success, career changes and advancement. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | For Day and Residential Providers: Throughout the provider's operation, the concept of community employment for people served is actively promoted. Protocol has been developed that provides guidance for the assessment and improvement of | |

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| | | <p>the planning processes and incorporates strategies for increasing community employment, encouraging upward movement through the various levels of DIDD employment supports, and career advancement.</p> <p><i>Day-Residential Provider Manual Reference: 10.1.; 10.3.; 10.4.</i></p> | |
| <p>8.A.6. The provider promotes the development of supports and mentoring for employment staff.</p> | <p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p> | <p>For Day and Residential Providers:</p> <p>Services are focused and developed based on the person's needs and preferences for employment opportunities.</p> <p>Staff development via initial and ongoing training and support is provided specifically to promote expertise in the area of coworker supports for employees in work positions.</p> <p>There is an agency-wide culture that affirms the value of productive work and earning money on the self esteem and independence of persons, and the importance of staff persons who support the person's ability to work and succeed in his/her job.</p> <p>The agency ensures there are sufficient staff who have received job coach training that is approved by DIDD.</p> <p>Mentoring of employment staff is provided by staff, internal or external to the agency, with expertise in supporting people in integrated employment.</p> <p><i>Day-Residential Provider Manual Reference: 10.1.; 10.3.; 10.4.</i></p> | |
| <p>Outcome 8B. The person's day service leads to community employment or meets his or her unique needs.</p> | | | |
| <p>This Outcome applies to people receiving community- or facility-based day services, including work in a facility-based work setting.</p> | | | |
| Indicators | Results | Guidance | Comments |
| <p>8.B.4. The provider ensures that there are supports to promote opportunities</p> | <p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> | <p>For Day and Residential Providers:</p> <p>The provider has developed and implemented</p> | |

| for having meaningful day activities. | NA <input type="checkbox"/> IJ <input type="checkbox"/> | policies and practices that: 1. Ensure that employment preferences are considered first; 2. promote identification, tracking and coordination of activities related to implementation of day services, including periodic review of day services to ensure that advancement is addressed; 3. assist the person to access employment services when indicated; 4. identify activities needed to address barriers in service delivery; and 5. address staff education and training. <i>Day-Residential Provider Manual Reference: 10.1.</i> | |
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| Domain 9. Provider Capabilities and Qualifications | | | |
| Outcome 9A. The provider meets and maintains compliance with applicable licensure and Provider Agreement requirements. | | | |
| Indicators | Results | Guidance | Comments |
| *9.A.1. The provider meets and maintains compliance with applicable licensure, certification, and contract requirements. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | For all Providers: The provider has a valid license for all services provided during the entire survey period, if required. A license from TDMH is evident for all services provided for which licensing is available. (Note: a license is not required for any agency that serves only one person; Home Health Agencies are not required to hold a TDMH Personal Support Services license to provide Personal Assistance.) Providers of Professional Support Services (PSS - nursing, occupational therapy, physical therapy, speech language pathology) obtain a license through Tennessee Department of Health. For Day, Residential and Personal Assistance Providers: Residential habilitation facilities may be used for respite without additional licensing but may not | |

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| | | <p>exceed licensed capacity. Administering agencies for host family residential living and supported living are licensed.</p> <p>A Department of Labor certificate is in place for organizations that provide services that include the payment of subminimum wages.</p> <p>For Behavior Providers: The behavior agency maintains evidence of certification or letters of approval indicating the provider, employees, or subcontractees meet the minimal qualifications for a behavior provider.</p> <p><i>Day-Residential and PA Provider Manual Reference: 5.5; 5.8; 6.2.; 10.4.c.1)</i></p> <p><i>Clinical Provider Manual Reference: Chapters 5, 6, 12, 13, 14, 15.</i></p> | |
| <p>*9.A.2. The provider complies with requirements in the provider agreement.</p> | <p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p> | <p>For all Providers: The provider has a current signed provider agreement that accurately reflects services provided during the course of the survey period.</p> <p>Provider staff at all levels of the organization have access to and are trained in accordance with provider policies and procedures, e.g. via an employee handbook.</p> <p>The Provider shall not subcontract without obtaining the prior written approval of the DIDD. The provider will maintain public liability and other appropriate forms of insurance.</p> <p>Provider agencies report any suspected Medicaid fraud to DIDD and the Tennessee Bureau of Investigation, per the provider agreement.</p> <p>For Clinical providers: Subcontracts are directly with the clinical provider agency, not with other staff already subcontracted or employed by the clinical provider agency.</p> | |

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| | | <i>Day-Residential, PA and Clinical Provider Manual</i> <i>Reference: 5.5.a.; 5.10.; 6.9.; 7.1. Introduction;</i> <i>DIDD Provider Agreement.</i> | |
| 9.A.3. The provider maintains appropriate records relating to the person. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>For all Providers: The provider complies with appropriate DIDD requirements related to persons' records, including the records management policy and the Provider Manual.</p> <p>Requirements applicable to all providers maintaining service recipient records include:</p> <ol style="list-style-type: none"> 1. Providers must implement written policies pertaining to records maintenance, including identification of the location of required components of the record and identification of staff responsible for records maintenance; 2. All service recipient records must be stored in a manner that maintains the confidentiality of the information contained by preventing inappropriate access to the records; 3. Records must be maintained by providers for a period of ten (10) years in accordance with the Department of Mental Health (DMH) licensure standards (TCA 33-4-102), whether or not the provider is licensed by DMH; 4. Department of Health professional support services licensure rules require maintenance of records for people with developmental disabilities for ten (10) plus one (1) years; 5. Records maintained in the home of the service recipient must be regularly purged to ensure usability of the record for direct support staff and to protect the confidentiality of the records; 6. Providers are to maintain original documents for the services provided by employed staff; 7. Providers are to maintain copies of required documentation obtained from contracted staff and other providers; 8. Records must be maintained by the | |

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| | | <p>provider in a manner that ensures that the records are accessible and retrievable within a reasonable time period; and</p> <p>9. If records are maintained on an electronic system or electronic signatures are used, the provider follows DIDD policy.</p> <p>Documentation is legible.</p> <p>Abbreviations are spelled out when first used.</p> <p><i>Day-Residential, PA and Clinical Provider Manual Reference: Chapter 8; DIDD Electronic Records & Signature Policy</i></p> | |
| <p>9.A.4. The provider develops and implements a written management plan describing how the agency conducts its business and specifying the provider's processes for protecting the health, safety and welfare of persons whom it supports.</p> | <p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p> | <p>For Day, Residential and Personal Assistance Providers:</p> <p>The required components of a Management Plan include:</p> <ol style="list-style-type: none"> 1. The provider's mission statement and philosophy of service delivery; 2. An organizational chart if two (2) or more service recipients are provided services; 3. A description of service(s) offered by the provider; 4. Demographic information about the provider's service recipient population; 5. Any criteria employed by the provider in determining whether services to a service recipient will be refused or terminated due to inability to ensure safe provision of services; 6. A list of any fees charged, categorized by service; 7. For providers of Day and Residential services, a staffing plan for each location; 8. The geographic location where services are available; 9. A description of the Board of Directors or Local Advisory Group, including the composition of the board/advisory group, the names and occupations of board / advisory group members, the number of representatives from each geographic area served, the length of board/advisory group | |

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| | | <p>terms and the number of consumers / family member representatives;</p> <p>10. Complaint resolution (grievance) procedures for service recipients and legal representatives / family members;</p> <p>11. A description of how service recipients' health care needs will be managed, including medication administration policy;</p> <p>12. A description of the provider's process for self-assessment to determine strengths and weakness in delivery of services;</p> <p>13. A description of the provider's internal quality improvement plan;</p> <p>14. Policies and procedures targeted toward ensuring prevention of harm to service recipients.</p> <p>15. For providers of transportation services or providers of services that include transportation as a component of the service, a description of the provider's transportation system, including service recipient access to transportation;</p> <p>16. For providers, including providers of paid conservatorship services, who assist in personal funds management or who manage funds on behalf of a service recipient(s), a description of how personal funds management policies are implemented to account for and prevent misuse of service recipient's personal funds.</p> <p>17. For providers who utilize unlicensed direct support staff to administer medications, a medication administration policy approved by DIDD.</p> <p><i>Day-Residential and PA Provider Manual</i> Reference: 6.6.a.; 6.6.b.</p> | |
| *9.A.5. The provider has an effective self-assessment process to monitor the quality and effectiveness of the supports and services that are provided. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>For all Providers:</p> <p>The provider's self-assessment process includes examination of the trends related to at least the following:</p> <p>1. Staff performance in assisting service recipients to complete action steps and / or</p> | |

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| | | <p>progress toward outcomes;</p> <ol style="list-style-type: none"> 2. Processes for updating service recipient records in a timely manner; 3. Service recipient and family satisfaction with services provided; 4. Incidents, including those related to medication variances and other health and safety factors; 5. External monitoring reports for the previous twelve (12) month period; 6. Any sanctions imposed during the previous twelve (12) month period; 7. Personnel practices, including staff recruitment and hiring, staff training and staff retention / turnover; 8. Processes intended to ensure timely access to health-related intervention, such as health care appointments and follow-up activities; 9. Risk reviews; 10. Current policies and management plan(s) (if required), including success in implementing policies / plans and the degree to which policies / plans ensured compliance with program requirements; 11. Application of the current DIDD Quality Assurance Survey Tools to a sample of service recipients; and 12. As applicable, evaluation of the effectiveness of the management plan and modification as needed to achieve quality assurance and compliance outcomes. <p>The provider implements its self-assessment activities as written.</p> <p>The provider evaluates its self-assessment process periodically throughout the year to monitor its effectiveness.</p> <p>The results of the internal self-assessment are made available in an understandable fashion and communicated timely to consumers, staff, the governing body, and others upon request.</p> | |
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| | | <i>Day-Residential, PA and Clinical Provider Manual</i> <i>Reference: 6.6.c.</i> | |
| *9.A.6. The provider reviews and utilizes information obtained from self-assessment activities to develop and implement an internal quality improvement process to improve supports and services. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>For Day, Residential and Personal Assistance Providers:</p> <p>The provider develops a written Quality Improvement Plan (QIP) to address the findings of all self-assessment activities. The Internal Quality Improvement Plan specifies the provider's plans for systemic improvement of identified issues and concerns and includes:</p> <ol style="list-style-type: none"> 1. Analysis of the cause of any serious issues/problems identified (serious issues/problems are those that impact multiple service recipients or those that have health and safety consequences requiring medical treatment of one or more service recipients); 2. Development of observable / measurable quality outcomes related to resolving the causal factors; 3. Establishment of reasonable timeframes for implementation of quality initiatives; 4. Assignment of staff responsible for completion of actions and achievement of quality outcomes; and 5. Modification of policies, procedures and/ or the management plan, if required, (potentially including the quality improvement plan) to prevent recurrence of issues / problems that were resolved. <p>When problems are identified, the Quality Improvement Plan is reviewed and revised to ensure for timely correction / resolution of the problem / issues.</p> <p>Provider staff at all levels of the organization have access to the Quality Improvement Plan and are aware at least of its basic components.</p> <p>There is evidence that the provider Quality Improvement Plan has been implemented at all levels of the organization.</p> | |

| | | <p>The provider utilizes information gained from the internal self-assessment process to implement change to the system of service provision.</p> <p>For Clinical providers: The provider utilizes information gained from the internal self-assessment process to implement change to provider policies/ procedures and/or the system of service provision.</p> <p><i>Day-Residential, PA and Clinical Provider Manual Reference: 6.6.d.; 6.6.e.</i></p> | |
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| Outcome 9B. Provider staff are trained and meet job specific qualifications. | | | |
| Indicators | Results | Guidance | Comments |
| *9.B.2. Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>For all Providers: If the agency began delivering services within the last year, administrative staff have completed Central Office and Regional Office Orientation for New Providers.</p> <p>The provider has a training process / plan that ensures all employed and subcontracted staff and volunteers are trained in accordance with DIDD training requirements.</p> <p>Residential, day and personal assistance providers collaborate with clinical providers to designate a trainer if it is determined that it is appropriate for staff training to be provided by someone other than the clinician. Such determinations are to be made jointly by the clinician and residential, day or personal assistance providers.</p> <p>The provider maintains documentation in personnel files to support that all staff participated in and demonstrated competency for all DIDD required training programs.</p> <p>For Day, Residential and Personal Assistance Providers: The agency has a process to ensure that staff</p> | |

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| | | <p>who provide direct support do not work alone with service recipients until all required 30 day training is completed.</p> <p>The provider assesses the effectiveness of training programs provided by provider-employed trainers in terms of staff competency testing scores and retention/ application of information presented in the direct support environment.</p> <p>For Clinical Providers: Orientation specific to new clinical service providers, conducted by the Regional Office, is completed.</p> <p><i>Day-Residential and PA Provider Manual Reference: 3.17.a.; 5.11; 6.6.c.7); 7; 8.14.a.</i></p> <p><i>Clinical Provider Manual Reference: 5.11, Chapter 7; 12.15</i></p> | |
| *9.B.3. Provider staff meet job-specific qualifications in accordance with the provider agreement. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>For all Providers: The provider has established written job specific qualifications for staff at all levels of the organization.</p> <p>The provider ensures that staff considered for employment are qualified based on DIDD general requirements.</p> <p>The provider personnel records reflect that the provider has verified licensure or certification of employed or contracted staff prior to employment and that staff maintain a current, valid license during the survey period.</p> <p>For Day, Residential and Personal Assistance Providers: Personnel files contain verification of a valid driver's license for all staff that provide transportation, and a copy of the driver's vehicle liability insurance certificate for staff that use their own car to transport an individual.</p> | |

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| | | <p><i>Day-Residential and PA Provider Manual Reference: 5.5.a; 6.3.a.; 6.3.b.; 6.3.f.; 8.14.</i></p> <p><i>Clinical Provider Manual Reference: 5.5.a.; 6.3; 12.3.; 12.4</i></p> | |
| Outcome 9C. Provider staff are adequately supported. | | | |
| Indicators | Results | Guidance | Comments |
| 9.C.1. Provider staff report that supervisory staff are responsive to their concerns and provide assistance and support when needed. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>For all Providers: The provider assesses and addresses staff's support needs.</p> <p><i>Day-Residential and PA Provider Manual Reference: 6.6.f.</i></p> | |
| *9.C.2. Provider staff receive ongoing supervision consistent with their job function. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>For all Providers: The provider has written policies and procedures related to staff performance evaluation (not applicable to independent providers).</p> <p>If the provider uses subcontractors to provide direct services, the provider's procedures include a mechanism for ensuring that subcontractor staff are supervised at the same level as provider-employed staff.</p> <p>Providers that hire licensed practical nurses to provide services to persons served or who contract with an outside agency for licensed practical nurses to provide services to persons served ensure that the licensed practical nursing services are appropriately supervised and overseen by a registered nurse onsite.</p> <p>For Day, Residential and Personal Assistance Providers: A supervision plan is required when a provider employs staff who are responsible for direct supervision of service recipients. Supervision plans address how the provider accomplishes major supervisory functions, including:</p> <ol style="list-style-type: none"> 1. Ensuring that staff understand their job duties and performance expectations; 2. Ensuring that staff acquire the knowledge | |

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| | | <p>and skills needed to complete job duties and meet performance expectations;</p> <ol style="list-style-type: none"> 3. Monitoring staff performance to ensure that performance issues are promptly identified and rectified by requiring or providing additional training, increased supervision, counseling, and/or appropriate disciplinary action; 4. Ensuring that a minimum of three (3) (one for Personal Assistance and Family Model Residential Support) unannounced supervisory visits are conducted at each service site during each calendar month, including visits that monitor staff performance during sleep hours, on weekends and on holidays; 5. Developing and implementing policies that effectively control the incidence of employees having visitors, including family members, in a service recipient's home that are not present based on the wishes of the service recipient(s); 6. Developing and implementing policies that prevent employees from conducting personal business, such as running errands or attending to their children or other family members while on duty; and 7. Developing and implementing policies that ensure those service recipients' homes are safe, clean and appropriately furnished. <p>The provider has implemented the supervision plan as written.</p> <p>Providers evaluate the effectiveness of the supervision plan and revise as necessary.</p> <p>For Clinical Providers: If a Behavior Specialist and Behavior Analyst both are providing services to any individual, there is evidence that the Behavior Analyst is coordinating the service.</p> <p>Supervision of therapy and nursing provider staff is provided in accordance with professional state</p> | |
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| | | <p>licensing standards, national certification standards (if applicable), and any additional requirements outlined in the DIDD Provider Manual.</p> <p>Documentation of the supervision of therapy provider staff reflects an assessment of the person receiving the service and an assessment of the care given by the therapy assistant.</p> <p>The physical therapist assistant is supervised by the licensed physical therapist onsite a minimum of every 60 days with each person on the assistant's caseload.</p> <p>The occupational therapist assistant is supervised by the licensed occupational therapist onsite a minimum of every 60 days with each person on the assistant's caseload.</p> <p>The LPN is supervised by the RN onsite per the frequency required by the agency's policy.</p> <p>Supervision is increased as necessary/ appropriate based on the experience of the PTA, OTA and/or LPN, and the complexity of the issues the individual has.</p> <p>Documentation should reflect an action plan when issues are identified and resolution to the issues.</p> <p><i>Day-Residential and PA Provider Manual Reference: 6.3.g.; 6.6.f.; 6.9. Clinical Provider Manual Reference: 6.3.g.; 6.9.; 12.5; 13.5.; 15.2.a.</i></p> | |
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| Outcome 9D. Organizations receive guidance from a representative board of directors or a community advisory group. | | | |
| Indicators | Results | Guidance | Comments |
| 9.D.1. The composition of the board of directors or community advisory group reflects the diversity of the community that the organization serves and is representative of the people served. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>For Day, Residential and Personal Assistance Providers:</p> <p>Not-for-profit providers with out of state boards must have advisory groups composed of Tennessee residents. For- profit providers are</p> | |

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| | | <p>required to have a local advisory group. Boards and advisory groups will be composed of individuals representing different community interest groups, including persons with disabilities and or family members of people with disabilities.</p> <p><i>Day-Residential and PA Provider Manual</i> Reference: 6.7.a., b.</p> | |
| <p>9.D.2. The members of the board of directors or community advisory group receive orientation and training sufficient to effectively discharge their duties.</p> | <p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p> | <p>For Day, Residential and Personal Assistance Providers:</p> <p>Within 90 days of appointment, new members of the board are provided orientation regarding the duties and responsibilities of board members. Orientation will also include an introduction to the organization, the services it provides, an overview of its purpose, mission statement and goals and objectives.</p> <p>All board chairs will attend DIDD new provider orientation or review DIDD web-based orientation materials within ninety (90) days of assuming office.</p> <p>Advisory group members are encouraged to attend orientation that includes an overview of provider operations and a description of the duties and responsibilities of advisory group members.</p> <p><i>Day-Residential and PA Provider Manual</i> Reference: for profit - 6.7.b.8); non-profit - 6.7.a.9), 10)</p> | |
| <p>9.D.3. The board of directors or community advisory group provides active, effective and ethical guidance for the organization.</p> | <p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p> | <p>For Day, Residential and Personal Assistance Providers:</p> <p>There are provisions guarding against the development of a conflict of interest between an individual board member and the organization.</p> <p>Boards and advisory groups meet with a frequency sufficient to discharge their duties effectively, but at least quarterly.</p> <p>The non-profit board will review and, as necessary, approve, the organization's governing</p> | |

| | | <p>documents, by-laws, policies, quality assurance surveys, and internal quality improvement plan and self-assessments on a regular basis. Financial statements are reviewed by the board quarterly.</p> <p>Minutes from meetings of boards of directors and advisory groups reflect presentation of service recipient and family input and consideration of the information presented in revising provider operational policies, procedures and plans, as appropriate.</p> <p>The board employs a chief executive officer who has been delegated the responsibility and authority to implement board approved plans, policies, etc.</p> <p><i>Day-Residential and PA Provider Manual Reference: 6.7.a.; 6.7.b.</i></p> | |
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| Domain 10: Administrative Authority and Financial Accountability | | | |
| Outcome 10A. Providers are accountable for DIDD requirements related to the services and supports that they provide. | | | |
| Indicators | Results | Guidance | Comments |
| *10.A.1. The agency provides and bills for services in accordance with DIDD requirements. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>For all Providers: <u>Review of documentation and billing</u></p> <p>The provider's system of internal financial controls provides for appropriate use of funds and documentation of such.</p> <p>For Clinical Providers: Supervision is not billable. A PT and PTA (or OT/OTA) cannot bill for services and assessment at the same time.</p> <p>RN supervisory visits are non-billable.</p> <p>Physician ordered visits performed by the LPN and associated with a supervisory visit are billable for the LPN.</p> | |

| | | <p>The provider has a process for providing and documenting any supervision that is required for the billing of clinical services.</p> <p><i>Day-Residential and PA Provider Manual Reference: 20.5.a.; 20.5.b.; 20.6.</i></p> <p><i>Clinical Provider Manual Reference: Chapters 8; 8.9.e.; 20.</i></p> | |
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| Outcome 10B. People's personal funds are managed appropriately. | | | |
| Indicators | Results | Guidance | Comments |
| *10.B.1. The provider has developed and implemented written policies and procedures to manage and protect personal funds in accordance with DIDD requirements. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>If the provider manages or assists in management of personal funds, the provider develops and implements policies and procedures related to its practices in accordance with DIDD requirements and Generally Accepted Accounting Principles. These policies address:</p> <ol style="list-style-type: none"> 1. How funds will be maintained securely and safeguarded including limitations on staff access to personal funds; 2. how direct support and other appropriate staff are trained on agency policies and procedures; 3. the agency's oversight of the accumulation of personal funds to prevent the loss of benefits (i.e., SSI, Medicaid eligibility); 4. that the agency does not charge a fee for being the Representative Payee; 5. the use of DIDD housing subsidies for the person's housing expenses; 6. the advance of funds on behalf of the person; 7. the transfer of personal funds and assets when a service recipient moves to another agency. <p>The provider develops and implements adequate accounting procedures for management of a person's personal funds to assure consistent availability of current information involving:</p> <ol style="list-style-type: none"> 1. The amount of financial resources available | |

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| | | <p>to each person for basic living expenses and for personal spending;</p> <p>2. the amount of total countable assets (for people with Medicaid funded services, personal assets exceeding maximum resource limits must be reported to DHS); and</p> <p>3. documentation (e.g., receipts, monthly billings, checkbook ledgers) of expenditures made on behalf of the person, including justification that the purchase was appropriate and in accordance with the person's needs.</p> <p>The above information is available for review.</p> <p><i>Reference: Current DIDD Personal Funds Management Policy</i></p> | |
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